

<b>Case Number:</b>	CM15-0209940		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	01/15/2008
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 60 year old male with a date of injury on 01-15-2008. The injured worker is undergoing treatment for chronic neck pain and Magnetic Resonance Imaging of the cervical spine done in May of 2008 revealed the C4-C5 fusion and asymmetric bulging disc towards the right at C7-T1, spinal stenosis at C6-C7, and left sided foraminal stenosis at C4-5 and C5-C6, bilateral shoulder pain, worse on the left, upper mid back pain, and sexual dysfunction. A physician progress note dated 09-04-2015 documents the injured worker complains of a flare of neck pain from a fall and jarring, and rates pain 10 out of 10 without medications and 7 out of 10 with meds. He reports he has had a flare of pain due to a recent fall. He has cervical spine paraspinal tenderness and active spasm. It is documented he has not had acupuncture for over a year. The injured worker reports acupuncture has been beneficial in the past. A physician note dated 09-23-2015 documented the injured workers Fentanyl was recently increased to Fentanyl 50 mcg. He continues with the use of Fentanyl and Norco and with medications his pain is 5 out of 10 and without meds his pain is 8 out of 10. He has tenderness over the cervical spine paraspinal muscles. He is not working. Treatment to date has included diagnostic studies, medications, status post discectomy fusion at C4-C5 in March of 2007. Current medications include Norco, Fentanyl patches, Prilosec, Flexeril, Zolof, Lactulose and Amitriptyline. Per a report dated 7/29/2015, the claimant is having a flare up of pain. Last acupuncture was well over a year ago, but the claimant states it was beneficial. On 10-09-2015 Utilization Review non-certified the request for Acupuncture 6 sessions.

## **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**Acupuncture 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration and had subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.